

Receipt # \_\_\_\_\_

**2006  
TROY RECREATION DEPARTMENT'S**

**CHEERLEADING CAMP  
held at the Troy "Rec"**

Monday - Friday  
**July 10-14**  
10:30-11:30 a.m., Ages 8-13

Participant's Name \_\_\_\_\_ Female/Male

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street)

\_\_\_\_\_ Zip \_\_\_\_\_  
(city)

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

Parent's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**REGISTRATION FEE: \$16.50** \_\_\_\_\_ Paid

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the dangers inherent to the sport of cheerleading, do give permission for our son/daughter to participate in the above program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, instructors, the supervisory staff, or their agents or servants, as a result of injuries incurred by our child while participating in this program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(parent or guardian)

**REFUND POLICY:** The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.